DA 3000 - Visitor/Client Reporting Form - Instructions

CURRENT VERSION OF FORM: 07/2011

Available on ORM Website: http://doa.louisiana.gov/orm/lpforms.htm

Purpose:

Used to report all incidents/accidents involving a non-state employee (including contractors, visitors, clients and student workers), regardless of whether there was injury or property damage.

- Used to assist in determining the cause and procedures to prevent the recurrence of similar incidents.
- Used in anticipation of litigation.
- Do not accept responsibility for payment of medical care or transportation.
- ORM/FARA makes all final decisions as to whether a claim will be paid.

Preparation:

- Completed after acquiring necessary medical aid for injured persons
- Both pages are completed by an employee, supervisor, Safety Coordinator or other designated employee.
- All spaces on both pages must be completed.

Disposition:

- Copies are scanned to:
 - Safety Coordinator within 24 hours of accident/incident or no later than the next business day.
 - Safety Coordinator scans copy to DCFS Safety Officer and Support Services Unit Manager within 24 hours of accident/incident or no later than the next business day.
- Original retained in reporting office file.
- All forms will be reviewed for accuracy by the DCFS Safety Officer. All incomplete forms will be returned to the supervisor for corrections and must be resubmitted.

Retention:

In accordance with retention schedule